

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-750-479**
APPLICANT(S)

FILED DATE **12-31-03**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11		3		3		
12		3		3		
13	1		1			
14		1		1		
15		1		1		
16				1		
17		4		4		
18	1		1			
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		3		3		
27		3		3		
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TOTAL IND.	3		3			
TOTAL DEP.	36		36			
TOTAL CLAIMS	39		39			

	IND	DEP	IND	DEP	IND	DEP
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